| Taxpayer's name | Taxpayer's SSN | 2015 LA | NSING | |
|--|------------------------------------|---------------------------------|----------------------------------|------------------------------------|
| EXCLUDIBLE INTEREST INCOME - L-1040, PA | Attachment 3 | | | |
| Nonbusiness interest income of a nonresident income | dividual is totally exclu | ded | | Revised 07/17/2013 |
| Interest from federal obligations | | | | .00 |
| Interest from Subchapter S corporations (Attach Schedule K-1) | | | | .00 |
| Other excludible interest income (Attach detailed explanation) | | | | .00 |
| 4. Excludible interest income (Add lines 1, 2 and 3; enter total here and | I on page 1, line 2, column B; par | rt-year residents see line 5) | | .00 |
| 5. Part-year residents enter total from line 4 plus total interest received | while a nonresident on Schedule | e TC, line 2, column B (Lines | 1, 2 and 3 should report only | nterest received while a resident) |
| EXCLUDIBLE DIVIDEND INCOME - L-1040, PA | Attachment 4 | | | |
| Dividend income of a nonresident individual is to | tally excluded | | | Revised 07/17/2013 |
| Dividends from federal obligations | | | | .00 |
| Dividends from Subchapter S corporations (Attach Schedule K-1) | | | | .00 |
| Other excludible dividend income (Attach detailed explanation) | | | | .00 |
| 4. Excludible dividend income (Add lines 1, 2 and 3; enter total here an | d on page 1, line 3, column B; pa | art-year residents see line 5) | | .00 |
| 5. Part-year residents enter total from line 4 plus total dividends received | ed while a nonresident on Sched | ule TC, line 2, col. B (Lines 1 | , 2 & 3 should report only div | idends received while a resident) |
| EVOLUCIONE AND AD ILICTMENTS TO DUCK | IESS INCOME OR // | OCC) 4040 DA | CE 4 LINE C COL | LIMAL D. Attachment F |
| EXCLUSIONS AND ADJUSTMENTS TO BUSIN | | | | |
| Nonresidents and part-year residents use this sol | - | | icome reported on | Revised 07/17/2013 |
| federal Schedule C that is from business activity Attach a copy of each Federal Schedule C. | outside of Lansing with | ille a nonresident | | |
| Attach a separate Business Allocation Formula calculation | for each separate federal | Schedule C if allocatin | g income of a business | |
| Note: In determining the average percentage, if a factor de | • | | 0 | |
| Note: If you are authorized to use a special formula, attack | | or's approval letter and | d attach a schedule det | ailing calculation. |
| Note: Net operating loss from prior year is reported on Lin | e 16, Other income. | | D110111500 # 4 | DUIONIEGO # 0 |
| BUSINESS INCOME | | | BUSINESS # 1 | BUSINESS # 2 |
| Net profit (or loss) from business or profession | | | .0 | .00 |
| Business allocation percentage (For each separate business compu Business Allocation Formula below and enter it here) | % | | | |
| 3. Allocated net profit (loss) (For each column, multiply line 1 by line 2) | | | .0 | .00 |
| 4. Excludible net profit (loss) (For each column, subtract line 3 from line | e 1) | | .0 | .00 |
| Total excludible net profit (loss) (Add amounts on line 4 of each colu Schedule TC, line 6, column B) | mn; enter here and on Form L-10 | 040, page 1, line 6, column E | 3, or for part-year residents, o | .00 |
| DUONESO # 4 DDA | | | | |
| BUSINESS # 1 DBA | | | | 20111111 |
| BUSINESS ALLOCATION FORMULA WORKSHEET | | COLUMN 1 | COLUMN 2 | COLUMN 3 |
| | | EVERYWHERE | IN LANSING | PERCENTAGE |
| Average net book value of real and tangible personal property | | .00 | | (Column 2 divided by |
| Gross rents paid on real property multiplied by 8 | | .00 | .0 | |
| Total property | | .00 | .0 | |
| Total wages, salaries and other compensation of all employees | | .00 | .0 | |
| Gross receipts from sales made or services rendered | | .00 | .0 | |
| 6. Total percentages (Add the percentages computed in column 3) | | | | % |
| 7. Business allocation percentage (Divide line 6 by the number of appo | rtionment factors used) | | | % |
| BUSINESS # 2 DBA | | | | |
| BOOMEOU # 2 DBN | | COLUMN 1 | COLUMN 2 | COLUMN 3 |
| BUSINESS ALLOCATION FORMULA WORKSHEET | PERCENTAGE | | | |
| Average net book value of real and tangible personal property | 0 | | | |
| • | turn 4) | | | |
| Gross rents paid on real property multiplied by 8 Total property | | .00 | 0. | , |
| Total property Total property Total property | | .00 | 0. | |
| Total wages, salaries and other compensation of all employees Cross receipts from color mode or convices rendered. | | .00 | 0. | |
| 5. Gross receipts from sales made or services rendered | | .00 | .0 | |
| 6. Total percentages (Add the percentages computed in column 3) | | | | % |
| 7. Business allocation percentage (Divide line 6 by the number of appo | % | | | |

| Taxpayer's name | Taxpayer's SSN | 2015 LA | NSING | |
|---|--|-----------------------------|-----------------|--------------------------|
| EXCLUSIONS AND ADJUSTMENTS TO CA | PITAL GAIN OR (LOSS) - L | 1040, PAGE 1, L | INE 7, COLUMN B | Attachment 6 |
| Residents, nonresidents and part-year resider | nts use this schedule to repo | ort exclusions | RESIDENT | NONRESIDENT |
| and adjustments to capital gains or (losses) | | | COLUMN | COLUMN |
| Capital gain or (loss) on property located outside of Lansing | | | NOT EXCLUDIBLE | .00 |
| 2. Capital gain or (loss) on securities issued by U.S. Government | | | .00 | EXCLUDIBLE ON LINE 1 |
| Portion of capital gain or (loss) from property owned prior to Ord nonresidents only on property located in Lansing.) (Attach a sch | | | .00 | .00 |
| 4. Capital gain or (loss) from Sub. S corporations (Attach schedule | 2.) | | .00 | .00 |
| Adjustment for capital loss carryover from period prior to resider carryover from property sold prior to their date of residency.) | ncy (A resident is not allowed to claim a ca | apital loss | .00 | NO ADJUSTMENT ALLOWED |
| Adjustment for difference between federal and Lansing capital loss is usually different from the amount reported on federal return; as | | | .00 | .00 |
| 7. Adjustment to limit capital loss to \$3,000 for tax year | | | .00 | .00 |
| Total exclusions and adjustments to capital gains or (losses) (El part-year residents, enter on Schedule TC, line 7, column B) | nter total here and on Form L-1040, page | 1, line 7, column B, or for | .00 | 00 |
| Attach copy of federal Schedule D and all supporting schedules to re Deferred gains from sales of property located in Lansing or property | | le when reported on federal | return. | Revised 12/18/2013 |

| EXCLUSIONS AND ADJUSTMENTS TO OTHER GAINS OR (LOSSES) - L-1040, PAGE 1 | , LINE 8, COLUMN B | Attachment 7 | | | | |
|--|--------------------|-----------------------|--|--|--|--|
| Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to other gains or (losses) | RESIDENT COLUMN | NONRESIDENT COLUMN | | | | |
| Other gains or (losses) on property located outside of Lansing | NOT EXCLUDIBLE | .00 | | | | |
| 2. Portion of other gains or (losses) from property owned prior to effective date of tax for Lansing (For residents on all such property; for nonresidents only on property located in Lansing.) (Attach a schedule that identifies and shows the calculation for each.) | .00 | .00 | | | | |
| Other gains or (losses) from Subchapter S corporations (See instructions) | | .00 | | | | |
| 4. Total excludible other gains and losses (Enter total here and on Form L-1040, page 1, line 8, column B, or for part-year residents, enter on Schedule TC, line 8, column B) | ,00 | 00 | | | | |
| Deferred gains from sales of property located in Lansing or property sold while a resident of Lansing are taxable when reported on federal return. | | | | | | |
| Attach a copy of federal Form 4797 and all supporting schedules to return to explain. | | Revised 08/28/2018 | | | | |

| EXCLUSIONS AND ADJUSTMENTS TO IRA DISTRIBUTIONS - L-1040, PAGE 1, LINE 9, COLUMN B | | | | | | | | |
|--|--|--------------|-------------------------------------|--|------------------------------|--|--|--|
| List all I | List all IRA distributions reported as taxable on federal return Revised 07/17/2013 | | | | | | | |
| Enter T for taxpayer or S for spouse | Payer's federal ID Number | Payer's name | Federally taxable IRA distributions | Distribution Code (Form 1099-R, box 7) | Excludible IRA distributions | | | |
| 1. | | | .00 | | .00 | | | |
| 2. | | | .00 | | .00 | | | |
| 3. | | | .00 | | .00 | | | |
| 4. | | | .00 | | .00 | | | |
| 5. Total f | | | | | | | | |
| 6. Total e | .00 | | | | | | | |

| EXCLU | SIONS AND ADJ | JUSTMENTS TO PENSIONS AND ANNU | TIES - L-1040 | , PAGE 1, LINE 10, (| COLUMN E | Attachment 9 | | |
|---|---|--------------------------------|---|---|--|----------------------------------|--|--|
| List pen | List pension distributions reported as taxable on federal return Revised 07/17/2013 | | | | | | | |
| Enter T for taxpayer or S for spouse | Payer's federal ID Number | Payer's name | Kind of pension distribution (employer's pension plan, 401k plan, 457 plan, etc.) | Federally taxable pension distributions | Distribution Code (Form 1099-R, box 7) | Excludible pension distributions | | |
| 1. | | | | .00 | | .00 | | |
| 2. | | | | .00 | | .00 | | |
| 3. | | | | .00 | | .00 | | |
| 4. | | | | .00 | | .00 | | |
| 5. Total federally taxable pension distributions (Add lines 1 through 4 above for this column; amount should equal the amount reported on Form L-1040, page 1, line 10, column A) | | | | | | | | |
| 6. Total e | 6. Total excludible pension distributions (Add lines above for this column; enter here and also on Form L-1040 (for part-year residents, Sch. TC), p. 1, l. 10, col. B) | | | | | | | |

| Taxpayer's name | Taxpayer's SSN | 2015 LA | ANSING | |
|--|---|----------------------------------|--------------------------------------|--|
| EXCLUSIONS AND ADJUSTMENTS TO INCOME PARTNERSHIPS, S CORPORATIONS, TRUSTS, | | | | Attachment 10 Revised 10/19/2015 |
| Residents, nonresidents and part-year residents use adjustments to income from rental real estate, royali estates, trusts, REMIC's and farm rentals. | e this schedule to repo | rt exclusions and | RESIDENT COLUMN | NONRESIDENT COLUMN |
| Rental income (loss) from real estate located outside the City | | | NOT EXCLUDIBLE ON RESIDENT RETURN | .00 |
| Royalties (A resident may exclude only royalty income upon which Michi royalty income upon which Michigan severance tax was paid and royalty | gan severance tax was paid; a no income from sources outside of L | nresident may exclude _ansing | | .00 |
| 3. Partnership income (loss) from partnership business activity outside the | City | | NOT EXCLUDIBLE ON RESIDENT RETURN | .00 |
| Subchapter S corporation income (loss) (See instruction) | | | | .00 |
| Estate or trust income or loss (Enter the total maount from federal Sched | lule E, line 37) | | NOT EXCLUDIBLE ON RESIDENT RETURN | .00 |
| 6. Real estate mortgage investment conduits (REMIC's) income or loss and located outside the city | d net farm rental income or loss from | om property | NOT EXCLUDIBLE ON RESIDENT RETURN | .00 |
| 7. Total adjustments to income from rental real estate, royalties, partnership 11, column B, or for part-year residents enter total of resident and nonrest | | | | .00 |
| Attach a schedule detailing the complete address of each piece of rental real Attach a schedule detailing name and ID number of each partnership and amu Attach a schedule detailing name and ID number of each Subchapter S Corpo Attach copy of federal Schedule E. | ount of adjustment. | | | |
| ADJUSTMENTS FOR TAX OPTION CORPORATION L-1040, PAGE 1, LINE 12, COLUMN B | ON (LIKE SUBCHAPT | ER S CORPORA | TION) DISTRIBUT | FIONS - Attachment 11 Revised 09/02/2013 |
| Residents use this schedule to report distributions fr | om tax option corpora | tions (like Subchar | oter S Corporation | s) taxable under the |
| Lansing Income Tax Ordinance; part-year residents | report only distribution | s received while a | resident | |
| CORPORATION NAME AND DBA | | | FEDERAL I.D. # | DISTRIBUTION RECEIVED |
| 1. | | | | .00 |
| 2. | | | | .00 |
| 3. | | | | .00 |
| 4. | | | | .00 |
| 5. Total tax option (Subchapter S) corporation distributions (Add lines 1 throresidents enter on Schedule TC, line 12, column B) | ough 4; enter here and on Form L | -1040, page 1, line 12, colu | nn B, or for part-year | .00 |
| Complete above schedule or attach a separate schedule listing the name federal | eral ID number and amount of dist | ribution from each tax option | n (Sub. S) corporation liste | d on federal Sch. E, page 2. |
| Attach a copy of each Schedule K-1 (1120-S) pages 1 and 2 to return. | | | | |
| EXCLUSIONS AND ADJUSTMENTS TO FARM IN | | | INE 13, COLUMN | |
| Nonresidents use this schedule to exclude farm inco | ome from outside Lans | ing | | Revised 07/17/2013 |
| i ami addiess | | | | |
| FARM INCOME | | | | FARM |
| Net profit (or loss) from farm | | | | .00 |
| Farm allocation percentage | | | | % |
| Allocated net profit (or loss), multiply line 1 by line 2 | | | | .00 |
| Excludible net profit (or loss) (subtract line 3 from line 1; enter here and | on Form L-1040, page 1, line 13, | column B) | | .00 |
| | | | | |
| FARM ALLOCATION FORMULA | | COLUMN 1 EVERYWHERE | COLUMN 2 IN Lansing | COLUMN 3 PERCENTAGE |
| Average net book value of real and tangible personal property | | .00 | | 00 (Column 2 divided |
| Gross rents paid on real property multiplied by 8 | | .00 | | 00 by column 1) |
| 3. Total property | 00 % | | | |
| Total wages, salaries and other compensation of all employees | 00 % | | | |
| Gross receipts from sales made or services rendered | 00 % | | | |
| Total percentages (Add the percentages computed in column 3) | % | | | |
| 7. Business allocation percentage (Divide line 6 by the number of apportion | % | | | |
| Note: In determining the average percentage, if a factor does not exist, you make the latest point of the same states as the same states are the same states as the same states are the same states are the same states as the same states are the s | inistrator's approval letter and atta | | | |
| Note: Net operating loss from prior year is reported on Form L-1040, line 16, | Other income. | | | |

| Taxpayer's name | Т | axpayer's SSN | 2015 LANSING | | |
|---|--|--|--------------------------|--------------------|------------------------|
| EXCLUSIONS AND ADJUSTME | NTS TO OTHER I | NCOME - L-1040, P | AGE 1, LINE 16, 0 | COLUMN B | Attachment 13 |
| Residents and nonresidents use | this schedule to re | port exclusions and a | adjustments to othe | er income | Revised 07/17/2013 |
| SOURCE OF INCOME | FEDERAL I.D. # | NATURE OF I | NCOME | RESIDENT COLUMN | NONRESIDENT COLUMN |
| 1. | | | | .00 | .00 |
| 2. | | | | .00 | .00 |
| 3. | | | | .00 | .00 |
| Total adjustments and exclusions to other inc 16, column B. Part-year residents enter totals | come (Add lines 1 through 3 s on Form L-1040TC, line 16 | and enter totals here and on F s, column B) | orm L-1040, page 1, line | .00 | .00 |
| Attach an explanation of and calculation for any re Attach an explanation for each item reported and Add lines as needed. | | | | | |
| IRA DEDUCTION WORKSHEET | | , | | | Attachment 14 |
| RESIDENT: Claim 100% of the federal | | | | | the taxpayer or spouse |

has nontaxable earned income, compute IRA deduction in the same manner as a nonresident using worksheet below.

NONRESIDENT: Use worksheet below to compute the Lansing IRA deduction.

PART-YEAR RESIDENT: Compute the resident portion of the IRA deduction following the resident instructions and using the amount of earned income received while a resident and the portion of the federal IRA deductible contributions made while a resident; compute nonresident portion of the IRA deduction using the amount of earned income received while a nonresident and the portion of the federal IRA deductible contributions made while a nonresident; list amounts separately on worksheet and enter the resident and nonresident IRA deduction on Schedule TC, Deductions schedule, line 1.

Nonresidents and part-year residents claiming a Lansing IRA deduction must attach this completed worksheet to their Lansing return.

Revised 07/17/2013

| ' ' | 9 9 | | • | 0 | 1100364 01/11/2013 |
|---|--|--|--|---|--|
| | TAXP | PAYER | SPC | | |
| | COLUMN A EARNED INCOME TAXABLE BY LANSING | COLUMN B EARNED INCOME NOT TAXABLE BY LANSING | COLUMN C EARNED INCOME TAXABLE BY LANSING | COLUMN D EARNED INCOME NOT TAXABLE BY LANSING | COLUMN E TOTALS |
| Earned income | .00 | .00 | .00 | .00 | .00 |
| 2a. Federal IRA deduction | .00 | | .00 | | .00 |
| If part-year resident, enter portion 2b. of federal IRA deduction contributed while a resident | .00 | | .00 | | .00. |
| | TAXPAYER | | SPOUSE | INSTRU | CTIONS |
| Percentage that the individual's a. earned income taxable in Lansing is to the individual's total earned income | % | | % | Divide individual's earned incom column A) by individual's total e column A plus column B). | |
| Lansing IRA deduction based upon individual's earned income | .00 | | .00 | Taxpayer's or spouse's federal I multiplied by Lansing earned inc | |
| Amount individual's federal IRA 5. deduction exceeds individual's earned income taxable by Lansing | .00 | | .00 | Taxpayer's or spouse's federal I the individual's earned income t | |
| Amount spouse's earned income 6. exceeds spouse's federal IRA deduction (excess earned income) | .00. | | .00 | Column A equals spouse's earn (line 1 of spouse's column C) le deduction (line 2a of spouse's c taxpayer's earned income taxab taxpayer's column A) less taxpa 2a of taxpayer's column A). | ss spouse's federal IRA olumn C). Column C equals le by Lansing (line 1 of |
| 7. Lansing IRA deduction based upon spouse's earned income | .00 | | .00 | If individual's (taxpayer or spous exceeds individual's earned inco income exceeds spouse's feder the lesser of the individual's exc | ome and spouse's earned al IRA deduction (line 5), enter |
| | | | | excess earned income multiplie income percentage (line 6), else | |
| 8. Lansing's IRA deduction | .00. | | .00 | Add individual's (taxpayer or spi based upon their own Lansing e Lansing IRA deduction based up income (line 7). | arned income (line 4) and their |
| RESIDENT OR PART-YEAR RESIDENT the total of the taxpayer's and spous part-year resident, normally this is the line 2b of columns A and C. If either a resident, separately compute the line 2b. | se's Lansing IRA deduction, line ne total of the taxpayer's and sp the taxpayer or spouse has no | e 2a of columns A and C. If a pouse's Lansing IRA deduction, intaxable earned income while | .00 | PART-YEAR RESIDENT: Enter Schedule TC, Deductions sched resident Lansing IRA deduction nonresident Lansing IRA deduction | dule, line 1, column A; enter the in column C; enter the ion in column D; and enter in |
| NONRESIDENT: Total Lansing non 10. column A) and spouse's (line 8, colu 2, Deductions schedule, line 1) PAI | umn C) Lansing IRA deduction | here and on Form L-1040, page | .00 | column B the difference of the a amounts in column C and colum | |

| Taxpayer's name | Taxpayer's SSN | 2015 LANSING | |
|-----------------|----------------|--------------|--|
|-----------------|----------------|--------------|--|

SELF-EMPLOYED, SEP, SIMPLE AND QUALIFIED PLANS DEDUCTION WORKSHEET - L-1040, PAGE 2, **DEDUCTIONS SCHEDULE, LINE 2**

Attachment 15 Revised 07/23/2014

RESIDENT: No schedule required; a full year resident deducts amount reported on federal Form 1040, line 28.

NONRESIDENT: Nonresidents use the nonresident deduction column of this worksheet to calculate their deduction. A nonresident is required to attach a copy of this deduction schedule to their Lansing return.

PART-YEAR RESIDENT: Part-year residents use a separate line to report the amount of deduction by related source of income as a resident or while a nonresident and indicate resident (R) or nonresident (N) relationship in front of the deduction by related source of income. The resident portion of the deduction is 100% of the related deduction. The nonresident deduction is related to the income earned in Lansing while a nonresident and is computed by entering the percentage the related income is taxable in the Percentage Related Income Is Taxable column and entering the product of multiplying the related deduction times the percentage and entering it in the Nonresident Deduction column.

| RELATED SOURCE OF INCOME | FEIN (OR SSN) OF RELATED SOURCE OF INCOME | R OR N | FEDERAL DEDUCTION BY RELATED SOURCE OF INCOME | PERCENTAGE RELATED INCOME IS TAXABLE | RESIDENT DEDUCTION FOR A PART-YEAR RESIDENT | NONRESIDENT DEDUCTION |
|---|---|--------------|---|--|---|--------------------------|
| 1. | | | .00 | % | .00 | .00 |
| 2. | | | .00 | % | .00 | .00 |
| 3. | | | .00 | % | .00 | .00 |
| 4. | | | .00 | % | .00 | .00 |
| Add lines 1 through 4 of each dollar column (Federal Deduction column should total amount reported on federal Form 1040, line 28) | | | .00 | | .00 | .00 |

^{6.} Nonresidents enter total from nonresident deduction column on Form L-1040, page 2, Deductions schedule, line 2. Part-year residents enter total from the part-year resident column on Schedule TC, Deductions schedule, line 2, column C and enter total from the nonresident deduction column on Schedule TC, Deductions schedule, line 2, column D

| EMPLOYEE BUSINESS EXPENSE DEDUCTION WORKSHEET - L-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 3, Form L-2106 | | | | | | |
|--|---|------------------------|------------------------|------------------------|------------------------|--|
| | Column 1 As reported on federal Form 2106 | Column 2 Employer 1 | Column 3 Employer 2 | Column 4 Employer 3 | Column 5 Employer 4 | |
| Employer's identification number (FEIN) | | | | | | |
| 2. Occupation (List for each employer) | | | | | | |
| 3. Vehicle expenses | .00 | .00 | .00 | .00 | .00 | |
| 4. Parking, fees, tolls and local transportation, including train, bus, etc. | .00 | .00 | .00 | .00 | .00 | |
| Travel expenses while away from home overnight, 5. including, lodging, airfare, car rental, etc. Do not include meals and entertainment | .00 | .00 | .00 | .00 | .00 | |
| Were you an outside salesperson? (Answer yes or no 6. in the column for each employer; see definition of outside salesperson below) | | | | | | |
| Business expenses not included on lines 3, 4 or 5. Do 7. not include meals and entertainment (Enter these expenses only if an outside salesperson; see instruction | .00 | .00 | .00 | .00 | .00 | |
| 8. Meals (See meal expenses instruction below) | .00 | .00 | .00 | .00 | .00 | |
| 9. Total business expenses (Add lines 3, 4, 5, 7 and 8) | .00 | .00 | .00 | .00 | .00 | |
| Enter reimbursements received from your employer for 10. expenses included in line 9 that were not reported to you in box 1 of Form W-2 | .00 | .00 | .00 | .00 | .00 | |
| 11. Business expense deduction (Line 9 less line 10) | | .00 | .00 | .00 | .00 | |
| 12. Percentage deductible (Same percentage related wages are taxable) | | % | % | % | % | |
| 13. Allowable business expense deduction (Line 11 times line 12) | | .00 | .00 | .00 | .00 | |
| Total business expense deduction (Enter the total of 14. line 13, columns 2 through 5 here and also on Form L- 1040, page 2, Deductions schedule, line 3) | | | | | .00 | |

Form L-2106, Column 1. lines to related lines on federal Form 2106:

Line 3 = Fed. Form 2106, line 1, Col. A; line 4 = Fed. Form 2106, line 2, Col. A; line 5 = Fed. Form 2106, line 3, Col. A; line 7 = Fed. Form 2106, line 4, Col. A; line 8 = Fed. Form 2106, line 5, Col. B; line 9 = Fed. Form 2106, line 6, Col. A & B; line 10 = Fed. Form 2106, line 7, Col. A & B; line11 = Fed. Form 2106, line 8, Col. A & B.

Outside salesperson:

An "outside salesperson" is one who solicits business while working away from the employer's place of business as a full-time salesperson. If the individual is required to spend a stated period of time selling at the employer's place of business as part of their job, the individual is not an outside salesperson. If the individual only performs incidental activities there, such as writing up and handing in orders, the individual qualifies for the expense deduction. A salesperson whose principal activity is service and delivery is not an "outside salesperson." An inside salesperson who makes incidental outside calls and sales is not an "outside salesperson."

Line 7 instructions:

Business expenses reported on line 4 of federal Form 2106 are allowed as an expense on the Lansing's return only when the individual employee qualifies as an outside

Under the Uniform City Income Tax Ordinance meal expenses are allowed only when incurred while away from home. No deduction is allowed for entertainment unless incurred by an outside salesperson.

Meal expenses:

| MOVING EXP | PENS | E DEDUCTION WORKSHEET - L-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE | 4 | Attachment 17 |
|-----------------------|-----------|---|--------------|------------------------|
| L-3903 No dedu | | Revised 07/06/2014 | | |
| RESIDENT: A re- | sident | individual who moved into the Lansing may claim the deduction as claimed on federal Form 3903. | | |
| | | resident individual who moved into the area of Lansing may claim a portion or all of the deduction as tage the income after moving to the area is taxable by the Lansing. | claimed on f | federal Form 3903 |
| | | T: An individual who moved to the area of Lansing and was temporarily a nonresident working in the L by be entitled to a portion of the deduction as a nonresident and as a resident of the Lansing. | ansing and | then became a resident |
| DISTANCE TEST | T WOF | RKSHEET | | |
| Number of miles | from yo | ur old home to your new workplace 1 miles | | |
| 2. Number of miles | from yo | ur old home to your old workplace 2 miles | | |
| 3. Subtract line 2 fr | om line | 1. If zero or less, enter -0- 3 miles | | |
| If line 3 is greate | r than 5 | O miles continue, otherwise you are not qualified to claim this deduction. | | |
| Cost of transport | tation ar | d storage of household goods and personal effects (See instructions for federal Form 3903) | 4 | .00 |
| 5. Cost of travel (in | 5 | .00 | | |
| 6. Add lines 4 and 5 | 5 | | 6 | .00 |
| | | mployer paid you for the expenses listed on lines 4 and 5 that is not included in box 1 of your Form W-2 (wages) (This amount sour Form W-2 with a code P) | should 7 | .00 |
| ls line 6 more | | No You cannot deduct your moving expenses. (If line 6 is less than line 7, subtract line 6 from line 7 and include the result. Form L-1040, page 1 line 1, column A and report exclusion of this income on the excluded wages schedule) | lt on 8a | .00 |
| o. than line 7? | | Yes Subtract line 7 from line 6 | 8b | .00 |
| 9. Enter percentage | e of inco | me earned as a resident after moving into area 9 | % | |
| 10. Enter percentage | e of inco | me earned as a nonresident in Lansing after moving into area | 10 | % |
| | | rcentage on line 9 (Moving expense deduction allowed while a resident; enter here and on eductions schedule, line 4) | .00 | |
| | | rcentage on line 10 (Moving expense deduction allowed while a nonresident; enter here and on Form L-1040, edule, line 4) (If a part-year resident add amounts on line 11 and 12 and enter on Schedule TC, Deductions | 12 | .00 |
| ALIMONY PA | ID DI | EDUCTION WORKSHEET - L-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 5 | | Attachment 18 |

2015 LANSING

Taxpayer's SSN

RESIDENT: Full-year residents claim the entire amount of alimony reported on federal Form 1040, line 31a. A full-year resident is not required to attach this deduction schedule to their Lansing income tax return.

Revised 07/17/2013

NONRESIDENT: Nonresidents use the nonresident column of this worksheet to calculate their Lansing alimony deduction.

Taxpayer's name

PART-YEAR RESIDENT: A part-year resident may need to use both the resident and nonresident columns of this worksheet to calculate their alimony deduction. For each line of the worksheet, compute the amount to enter into the resident and/or nonresident columns and follow the line by line instructions. A part-year resident with no Lansing income while a nonresident ignores the nonresident column of this form.

| Nonresidents and part-year residents use this worksheet to compute the alimony paid deduction | RESIDENT COLUMN | NONRESIDENT COLUMN |
|---|--------------------|-----------------------|
| Enter resident portion of federal adjusted gross income (Form 1040, page 1, line 37) in resident column and/or nonresident portion in nonresident column | .00 | .00 |
| Enter resident portion of federal alimony paid (federal Form 1040, page 1, line 31a) while a resident in the resident column and/or 2. nonresident portion of the alimony paid while a nonresident in the nonresident column (Actual amount paid while a resident of Lansing and while nonresident) | .00 | .00 |
| 3. Federal income for alimony deduction computation (Line 1 plus line 2 of column) | .00 | .00 |
| Enter resident portion of total income for Lansing (Form L-1040, page 1, line 18) in resident column and/or nonresident portion in 4. nonresident column. Part-year residents enter total income for Lansing as a resident and/or nonresident as reported on Schedule TC, line 18, columns C (resident) and D (nonresident) | .00 | .00 |
| 5. Enter resident portion of total deductions for Lansing other than alimony deduction (Add lines 1, 2, 3, 4 & 6 on Form L-1040, page 2, Deductions schedule) in resident column and/or nonresident portion in nonresident column | .00 | .00 |
| 6. Taxable income for Lansing prior to alimony deduction (Line 4 less line 5) | .00 | .00 |
| 7. Resident column: Enter 100%. Nonresident column: Enter alimony deduction percentage (Line 6 divided by line 3) | 100 % | % |
| Alimony deduction (Line 2 multiplied by line 7) (Residents and nonresidents enter amount from respective column on Form L- 8. 1040, page 2, Deductions schedule, Line 5. Part-year residents enter amount from each column on Schedule TC, Deductions schedule, line 5, column C and D) | .00 | .00 |

| Taxpayer's name | axpayer's SSN | | 2015 LAN | SING | |
|--|--|---|--|---|--|
| | | | | | |
| RENAISSANCE ZONE DEDUCTION, SCH RZ - FO | | | | | |
| FOR USE BY A RESIDENT DOMICILED IN A REN. | | | | | |
| LOCATED IN A RENAISSANCE ZONE OR AN IND CONDUCTING BUSINESS IN A RENAIS | | | | | |
| DISQUALIFICATION CRITERIA | SOANOL ZONE | TO COMIL OTE TH | LINAIOOAIN | OL ZONE DEDOOM | Revised 07/23/2014 |
| AN INDIVIDUAL IS NOT QUALIFIED TO CLAIM THE RENAISS | | | | | NQUENT: |
| City Income Tax Personal Property Tax Michigan Income Tax Michigan Single Business Tax | | ommercial Facilities Ta Interprise Zone Tax | x (GRT) | • • | t) Utilities Users Tax Park Development Tax |
| General Property Tax Industrial Facilities Tax (IFT) | | leighborhood Enterprise | Zone Tax | Commercia | |
| DEDUCTION ALLOWANCE FACTOR | | | | | |
| The Renaissance Zone deduction is phased out during the fin | • | | • | | |
| the tax year that is 2 years before the final year of designation of designation; and 100% for all other years of designation. | i; 50% for the tax | k year immediately | preceaing the i | inal year of designation | on; 25% for the final year |
| RESIDENT DOMICILED IN A RENAISSANCE ZONE | | | | | |
| Complete this section if you were a resident of Lansing domic | iled in a Renaiss | ance Zone | | | |
| A 183 day residence requirement must be completed before of | | | Zone Deductio | n | |
| Address of domicile in Renaissance Zone | | | | | |
| | | | | | |
| Date domicile established at this residence / / | If do | micile is continuou | s for at least 18 | 83 days, taxpayer is o | ualified on this date. |
| Dates of domicile this year:Starting date / / | End | ding date / | / | Total number of days | Days |
| 4. Percentage of year as a qualified resident of a Renaissa | ance Zone (Line | 3 divided by 365) | | 4 | % |
| 5. Gross income from Form L-1040, page 1, line 18, colum | ın C | | | 5 | .00 |
| 6. Capital gains reported on Form L-1040, page 1, line 7, c | olumn C | | | 6 | .00 |
| 7. Lottery winnings included in income reported on Form L- | -1040, page 1, li | nes 1 or 16, column | n C | 7 | .00 |
| 8. Total deductions related to income included in line 5 (Ad | ld amounts repo | rted on L-1040, pg. | 2, Deductions | Sch., Lines 1 - 5) 8 | .00 |
| 9. Base income for Renaissance Zone deduction (Line 5 le | ess lines 6, 7 and | 18) | | 9 | .00 |
| 10. Total qualified ordinary income (Line 9 multiplied by line | e 4) | | | 10 | .00 |
| 11. Portion of capital gains from sale or exchange of propert | ty occurring after | qualification date | | 11 | .00 |
| 12. Lottery winnings from an instant lottery game or an onlin | e game won afte | er becoming a qual | fied taxpayer | 12 | .00 |
| 13. Renaissance Zone deduction base (Add lines 10, 11 an | nd 12) | | | 13 | .00 |
| Enter Deduction Allowance Factor on line 14a, 100%, 75 | 5%, 50% or 25% | ; multiply line 13 by | [,] 14a; | | |
| | | | | | |
| enter deduction on line 14b and on Form L-1040, page 2 | 2, Deduction sch | edule, line 6.) | 14 | la % 14b | .00 |
| OTHER INDIVIDUALS WITH INCOME FROM RENTAL | | | | | |
| OTHER INDIVIDUALS WITH INCOME FROM RENTAL DOING BUSINESS IN A RENAISSANCE ZONE | REAL ESTA | TE, BUSINESS, I | PROFESSION | OR PARTNERSH | IP LOCATED AND |
| OTHER INDIVIDUALS WITH INCOME FROM RENTAL | REAL ESTA | TE, BUSINESS, I | PROFESSION | OR PARTNERSH | IP LOCATED AND |
| OTHER INDIVIDUALS WITH INCOME FROM RENTAL DOING BUSINESS IN A RENAISSANCE ZONE Complete this section if you are a resident or nonresider | REAL ESTA | TE, BUSINESS, I | PROFESSION | OR PARTNERSH | IP LOCATED AND |
| OTHER INDIVIDUALS WITH INCOME FROM RENTAL DOING BUSINESS IN A RENAISSANCE ZONE Complete this section if you are a resident or nonresider with business activity in a Renaissance Zone | REAL ESTA | TE, BUSINESS, I | PROFESSION | te, a business, profe | IP LOCATED AND ession or partnership |
| OTHER INDIVIDUALS WITH INCOME FROM RENTAL DOING BUSINESS IN A RENAISSANCE ZONE Complete this section if you are a resident or nonresider with business activity in a Renaissance Zone | REAL ESTATION INTERPRETATION INTO THE PROPERTY OF THE PROPERTY | TE, BUSINESS, I th income from re Zone | PROFESSION | te, a business, profe RESIDENT | IP LOCATED AND ession or partnership NONRESIDENT COLUMN |
| OTHER INDIVIDUALS WITH INCOME FROM RENTAL DOING BUSINESS IN A RENAISSANCE ZONE Complete this section if you are a resident or nonresider with business activity in a Renaissance Zone 15. Business name (D.B.A.) and address of each location in | REAL ESTATION IN THE INTERIOR OF THE INTERIOR | TE, BUSINESS, I th income from re Zone r 13, column C | PROFESSION Intal real estat | te, a business, profe RESIDENT COLUMN | IP LOCATED AND ession or partnership NONRESIDENT COLUMN .00 |
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| OTHER INDIVIDUALS WITH INCOME FROM RENTAL DOING BUSINESS IN A RENAISSANCE ZONE Complete this section if you are a resident or nonresider with business activity in a Renaissance Zone 15. Business name (D.B.A.) and address of each location in 16. Business and farming income reported on Form L-1040, pages 17. Net operating loss deduction claimed on Form L-1040, pages 18. Retirement plan deduction claimed on Form L-1040, pages 19. Base for Renaissance Zone deduction (Line 16 less line 20. Renaissance Zone Apportionment Percentage 20a. Average net book value of real & personal property 20b. Gross rents paid on real property multiplied by 8 20c. Total property (Add line 20a and 20b) 20d. Total wages, salaries and other compensation 20e. Total percentages (Add column 3, line 20c and 20 20f. Renaissance Zone deduction percentage (Line 20c 21. Renaissance Zone deduction for business (Line 19 mult 22. Renaissance Zone deduction from partnership return; er Partnership FEIN on line 22a and deduction amount on Address or each parcel or rental real 23. estate located in a Renaissance Zone 24. Income from rental real estate located within a Renaissa 25. Renaissance Zone deduction base (Add lines 21, 22b and 25. Renaissance Zone deduction base (Add lines 21, 22b and 25. Renaissance Zone deduction base (Add lines 21, 22b and 25. Renaissance Zone deduction base (Add lines 21, 22b and 25. Renaissance Zone deduction base (Add lines 21, 22b and 25. Renaissance Zone deduction base (Add lines 21, 22b and 25. Renaissance Zone deduction base (Add lines 21, 22b and 25. Renaissance Zone deduction base (Add lines 21, 22b and 25. Renaissance Zone deduction base (Add lines 21, 22b and 25. | nt individual with a Renaissance page 1, line 6 or page 1, line 16, or page 1, line 16, or page 2, Deductions s 17 and 18) COLUMN 1 IN LANSING by continuous contin | TE, BUSINESS, II th income from re Zone r 13, column C olumn C schedule, line 2, COLUMN 2 IN REN. ZONE | PROFESSION Intal real estat 16 17 18 19 COLUMN 3 PERCENTAG (Column 2 divide by column 1) 20f 21 22b | RESIDENT COLUMN .00 .00 .00 .00 .00 .00 .00 .00 .00 . | PERIOD AND PESSION OF PARTNERSHIP NONRESIDENT COLUMN 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 |

| Taxpayer's name | | Taxpayer's SSN | 2 | 2015 LANSIN | IG | | |
|--|---|---------------------------------------|---|------------------------|--|------------------------------------|--|
| OTHER TAX PAYMENTS - PAYMENTS, EXTENSION | | | | | | Attachment 2 Revised 08/28/201 | |
| | | | | | | | |
| | C | OTHER TAX PAYMENTS | | | | OTHER TAX PAYMENTS | |
| Estimated tax payments | | | | | | .0 | |
| 2. Tax paid with an extension | | | | | | .0 | |
| 3. Credit forward from last tax year | | | | | | .0 | |
| 4. Tax paid by a partnership | Partnership FEIN | | Partnership name | | | .0 | |
| 5. Tax paid by a partnership | Partnership FEIN | | Partnership name | | | .0 | |
| 6. Tax paid by a partnership | Partnership FEIN | | Partnership name | | | .0 | |
| 7. Tax paid by a partnership | Partnership FEIN | | Partnership name | | | .0 | |
| 8. Total credit for estimated tax paymer Payments and Credits schedule, line | | rship tax payments and credit fo | rward (Add lines 1 thro | ough 7; enter here and | on L-1040, Page1, | .0 | |
| CREDIT FOR TAX PAID TO | O ANOTHER CITY - I | 1-1040 PAGE 1 PA | YMENTS AND | CREDITS SCI | IEDIII E LINE | Attachment 2 | |
| CREDIT FOR TAX PAID TO ANOTHER CITY - L-1040, PAGE 1, PAYMENTS AND CREDITS SCHEDULE, LINE 24c | | | | | Revised 08/28/20 | | |
| Credit for tax paid to another city | may be claimed by a resign | dent who paid tax on the s | same income to a | nother city. | | 1.00.000 00/20/20 | |
| Part-year residents may claim the | | • | | • | v another citv. | | |
| • | OTHE | R CITY'S NAME | | | | TAX CREDIT | |
| Tax paid to another city | City name | | | | | .0 | |
| 2. Tax paid to another city | City name | | | | | .0 | |
| 3. Total credit for tax paid to another cit | ty (Add lines 1 and 2; enter here | and on L-1040, Page 1, Payme | nts and Credits sched | ule, line 24c) | | .0 | |
| | | | | | * | | |
| CALCULATION OF CREDI | T FOR TAX PAID TO | ANOTHER CITY (R | esidents only | | RESIDENT CITY | OTHER CITY | |
| Use a separate calculatior | າ worksheet for each | n city | | | LANSING | | |
| 1. Income taxable in the nonresident cit | ty that is also taxable in Lansing | (Same amount for both cities) | Income taxable in the nonresident city that is also taxable in Lansing (Same amount for both cities) .00 | | | | |
| 2. Exemptions amount per city's return | | | | | .00 | .0 | |
| | | | | | .00 | | |
| 3. Taxable income for credit | | | | | | .0 | |
| Taxable income for credit Tax for credit purposes at each city's | nonresident tax rate | | | | .00 |).). | |
| | | ng or other city's tax from line 4) | | | .00 | .C .C | |
| Tax for credit purposes at each city's Credit allowed for tax paid to another | r city (Enter the smaller of Lansin | · · · · · · · · · · · · · · · · · · · | | | .00 .00 .00 |). 0. 0. | |
| Tax for credit purposes at each city's Credit allowed for tax paid to another | r city (Enter the smaller of Lansin | · · · · · · · · · · · · · · · · · · · | |) | .00 .00 .00 .00 |).). | |
| Tax for credit purposes at each city's Credit allowed for tax paid to another CALCULATION OF CREDI | r city (Enter the smaller of Lansin | ANOTHER CITY (R | | | .00 .00 .00 |). 0. 0. | |
| Tax for credit purposes at each city's Credit allowed for tax paid to another CALCULATION OF CREDI | r city (Enter the smaller of Lansin T FOR TAX PAID TO n worksheet for each | ANOTHER CITY (R | |) | .00 .00 .00 .00 | OTHER CITY | |
| Tax for credit purposes at each city's Credit allowed for tax paid to another CALCULATION OF CREDIUse a separate calculation | T FOR TAX PAID TO n worksheet for each ty that is also taxable in Lansing | ANOTHER CITY (R | |) | .00 .00 .00 .00 RESIDENT CITY LANSING | OTHER CITY | |
| 4. Tax for credit purposes at each city's 5. Credit allowed for tax paid to another CALCULATION OF CREDI Use a separate calculation 1. Income taxable in the nonresident city | T FOR TAX PAID TO n worksheet for each ty that is also taxable in Lansing | ANOTHER CITY (R | | | .00 .00 .00 .00 .00 RESIDENT CITY LANSING .00 | .0 .0 OTHER CITY .0 .0 | |
| 4. Tax for credit purposes at each city's 5. Credit allowed for tax paid to another CALCULATION OF CREDI Use a separate calculation 1. Income taxable in the nonresident cit 2. Exemptions amount per city's return | Tricity (Enter the smaller of Lansing) TFOR TAX PAID TO 1 worksheet for each 1ty that is also taxable in Lansing | ANOTHER CITY (R | | | .00 .00 .00 .00 .00 RESIDENT CITY LANSING .00 | .0 .0 .0 .0 OTHER CITY | |

| Taxpayer's name | Taxpayer's SSN | 2015 LANSING | |
|---------------------------------|----------------|--------------|--------------------|
| SUPPORTING NOTES AND STATEMENTS | I | | Attachment 22 |
| | | | Revised 07/23/2014 |
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CITY OF LANSING INCOME TAX DIVISION

Power of Attorney Authorization

Issued under Authority of the Uniform City Income Tax Ordinance (MCL 141.601 et seq.) Filing is voluntary.

Complete this form if you wish to appoint someone to represent you to the Income Tax Division on income tax matters, or if you wish to revoke or change your current power of attorney authorization. Read the instructions on page 2 before completing this form.

| | | | | | | | Revised: 09/26/2014 | |
|---|----------|-------------------|---------------------------------|--|------------------|-----------------|------------------------------|--|
| PART 1: TAXPAYER INFORMATION | | | | | | | | |
| Taxpayer's (first name, initial, last name or business name) | | Taxpayer SSN/FEIN | | | | | | |
| If joint return spouse's first name, initial, last name | | | Spouse SSN | | | | | |
| Current address (number and street) Apt./Ste. no. | | | 0. | If a business, enter DBA, trade or assumed name | | | | |
| Address line 2 | | | Telephone number | Fax r | Fax number | | | |
| City, town or post office | State | Zip code | | E-mail address | | | | |
| Foreign country name, province/county, postal coo | de | | | | | | | |
| PART 2: REPRESENTATIVE INFORM | ATION | I AND ALITE | JODIZATION DATES | | | | | |
| Representative's name | ATION | I AND AOTI | IONIZATION DATES | Contact's name (if applicable) Contact's name (if applicable) | | | applicable) | |
| Firm name | | | | E-mail address | E-ma | E-mail address | | |
| Address (number and street) Apt./Ste. no. | | 0. | Telephone number | Telep | Telephone number | | | |
| Address line 2 | | | Fax number | Fax r | Fax number | | | |
| City, town or post office | State | Zip code | | Beginning authorization date (MM/DD/YY) | Endir | ng authorizatio | on date (MM/DD/YY)* | |
| Foreign country name, province/county, postal coo | de | | | | • | | | |
| PART 3: TYPE OF AUTHORIZATION | | | | | | | | |
| | nter int | | | mation; (2) represent me and make of a cluding forms, billings and payment | notices. | This autho | | |
| LIMITED AUTHORIZATION Select the type of authorization by checking the appropriate boxes. | | | All Tax Specified Matters Below | | | | | |
| Inspect or receive confidential information | | | | | | | | |
| Represent me and make oral or written presentations of fact and arg | | | ument | | | | | |
| 3. Sign returns | | | | | <u> </u> | | | |
| Enter into agreements | | | | | <u> </u> | | | |
| Receive mail (includes forms, billings and payment notices) | | | | L | | | | |
| Type of Income Tax | | | Tax Form or | r Assessment Number | | Tax Ye | ear(s) or Period(s) | |
| | | | | | | | | |
| | | | | | - | | | |
| PART 4: CHANGE IN POWER OF ATT | ORNE | Y REPRES | ENTATION OR REV | OCATION | | | | |
| | Y REF | RESENTATI | | s all earlier powers of attorney, except th | nose atta | ched, on file | for the same tax matters | |
| REVOKE PREVIOUS AUTHORIZAT | | | | itted and will represent myself in all tax | matters. | Attach copie | es of all Powers of Attorney | |
| PART 5: TAXPAYER SIGNATURE(S) | | | | | | | | |
| If signed by a corporate officer, partner | or fiduo | ciary on beh | alf of the taxpayer, I | certify that I have the authority to exe | ecute thi | s Power of | Attorney. | |
| Signature | | | Name or title typed or prin | nted | | | Date | |
| Spouse's signature Name or title typed or pri | | | inted | | | Date | | |

^{*} If no Ending Authorization date is provided, the above-named representative will be authorized to represent you until you notify the Income Tax Division in writing that this Power of Attorney is revoked.